

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009538

**FILED**  
**Aug 22, 2018**  
**Secretary of State**  
**CC2589611613**

**Entity Name:** THE SAINT AUGUSTINE COMMUNITY BAND INC

**Current Principal Place of Business:**

43 LEVANTE WAY  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

43 LEVANTE WAY  
SAINT AUGUSTINE, FL 32086 US

**FEI Number:** 47-5143650

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAGNANI, GEOFFREY S  
43 LEVANTE WAY  
SAINT AUGUSTINE, FL 32086 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name MAGNANI, GEOFFREY S  
Address 43 LEVANTE WAY  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title PRESIDENT  
Name ZUKOWSKY, STEVE  
Address 422 NERVIA CT  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VP  
Name MANN, MICHAEL  
Address 3501-B NORTH PONCE DE LEON  
BLVD. #341  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title TREASURER  
Name IUSO, DEBRA  
Address 129 CARETTA CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title SECRETARY  
Name ZUKAUSKAS, ROBBIE  
Address 6370 BOLLING LANE  
City-State-Zip: ELKTON FL 32033

Title BOARD MEMBER  
Name TALLIS, LARRY  
Address 313 SAWMILL LANE  
City-State-Zip: PONTE VEDRE BEACH FL 32092

Title BOARD MEMBER  
Name CONWAY, THOMAS  
Address 110 LAUREL CT  
City-State-Zip: PONTE VEDRE BEACH FL 32092

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBRA IUSO

**TREASURER**

**08/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date